



Public Health

Behind the Bars

Denise Dodge, RN




Do you have a correctional facility in your district?

- Yes
- No
- Not sure

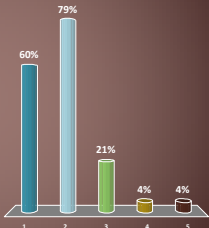


Response	Percentage
1. Yes	93%
2. No	2%
3. Not sure	5%




What type of correctional facility(ies) are in your district

- City jail
- County jail
- State prison
- Federal prison
- ICE facility

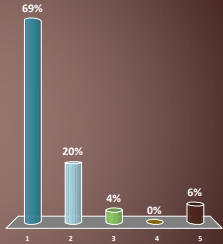


Facility Type	Percentage
1. City jail	60%
2. County jail	79%
3. State prison	21%
4. Federal prison	4%
5. ICE facility	4%




If yes, how many times have you visited in the past year?

- I've never visited
- 1 – 3 times
- 4 – 5 times
- I don't visit, I call once a year
- I don't visit, I call regularly

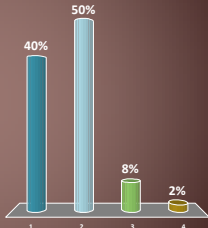


Visit Frequency	Percentage
1. I've never visited	69%
2. 1 – 3 times	20%
3. 4 – 5 times	4%
4. I don't visit, I call once a year	0%
5. I don't visit, I call regularly	6%



Have you ever had a TB case who was diagnosed in a correctional setting?

- Yes
- No
- I think so
- I hope not



Response	Percentage
1. Yes	40%
2. No	50%
3. I think so	8%
4. I hope not	2%



Jails: where it all begins

Whoever the police bring in: from ICE detainees and those waiting to go to death row

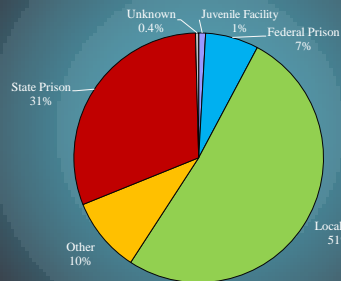
- County jails and detention centers:
 - Private, public health trust, county board, community service board
 - Generally run by a Sheriff - elected or appointed
- City jails
 - Generally quite small
 - Short term
 - Holding facility



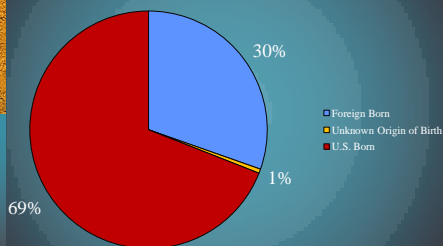
Types of correctional facilities

- ♦ Federal: Bureau of Prisons (BOP)
 - One year or more, some short term
 - May contract with jails
- ♦ State: Department of Corrections (DOC)
 - AKA prison
 - Dedicated TB program staff
- ♦ Immigration and Customs Enforcement (ICE)
 - Do not have criminal charges
 - Often contract with Jails for overflow

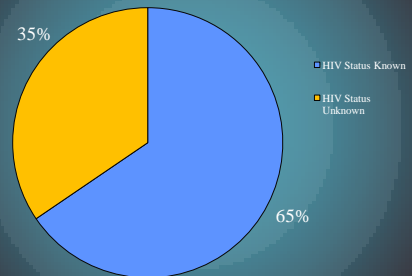
Percent of TB Cases in Correctional Facilities by Type of Facility, 1993-2011



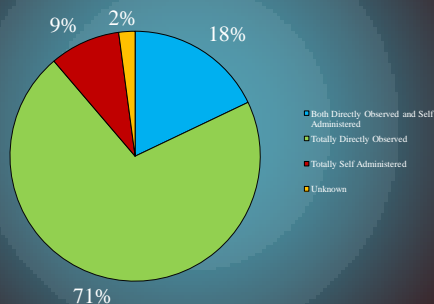
TB Cases in Correctional Facilities in U.S.-born and Foreign-born Persons, 1993-2011



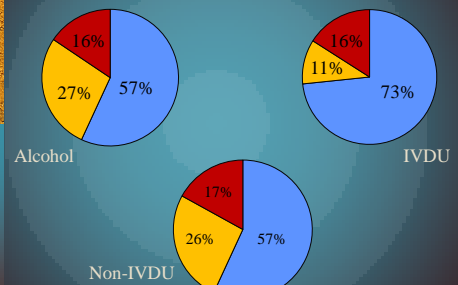
Percent of TB Cases in Correctional Facilities by Whether HIV Test Results Known*, 1993-2011



Treatment of TB Cases in Correctional Facilities by use of DOT



Percent of TB Cases in Correctional Facilities by Reported History of....



MDR TB as high as 24% in correctional facilities globally

1991 **The New York Times**
A Drug-Resistant TB Results in 13 Deaths In New York Prisons

2012
SCIENTIFIC AMERICAN
Prisons in Post-Soviet Russia Incubate a Plague

Roles and Perspectives

How are we the same?
How are we different?

Typical Roles

Public Health	Corrections
<ul style="list-style-type: none"> ◆ Consultation ◆ Educate correctional staff ◆ Assist with program evaluation ◆ Services <ul style="list-style-type: none"> – Assist with bacteriology services – Case management – Contact investigation – Release planning 	<ul style="list-style-type: none"> ◆ Direct Service ◆ Educate inmates ◆ Maintain an effective infection control plan <ul style="list-style-type: none"> – Annual screening/testing – Respiratory protection – Engineering controls ◆ Ensure competency of HCW

Different perspectives

Public Health	Corrections
<ul style="list-style-type: none"> ◆ Health and life over all ◆ Advocacy ◆ Improvement for society ◆ Learning is scientific, evidence based 	<ul style="list-style-type: none"> ◆ Security first! ◆ Adversarial role ◆ Custody and control ◆ Sarcasm & skepticism ◆ Learning is experienced based

Case 1 – Mr. Are you notified?

- ◆ US born male 51 year old c/o fatigue, weight loss and occasional night sweats, now has cough that keeps him up at night.
- ◆ TST 4 mm 3 months ago when processed, no known history of prior testing
- ◆ HIV status unknown
- ◆ Chest x-ray not done

Focus on the public health role

CDC
MMWR
Morbidity and Mortality Weekly Report
Recommendations and Reports July 7, 2006 / Vol. 55 / No. RR-9
Short term, Long term and Juvenile detention centers
Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC
Endorsed by the Advisory Council for the Elimination of Tuberculosis, the National Commission on Correctional Health Care, and the American Correctional Association

Key messages (pg 2)

- ◆ Recommends a review of TB symptoms upon entry
- ◆ Provides details of how to assess the TB risk of inmates and detainees
- ◆ Encourages immediate placement in AII when TB is suspected
- ◆ Emphasizes the use of a case management model for TB care
- ◆ Describes the importance of collaboration
 - Case management and release planning
 - Program evaluation and facility assessments
 - Training of correctional staff and public health
 - Implementing a respiratory protection program

Why do we believe collaboration is important?

- ◆ Inmates are released into our communities
- ◆ Questionable TST skills
- ◆ Questionable 'Think TB' skills
- ◆ Missed opportunities:
 - 4 – 6 % of TB cases are in corrections
 - Inmates are often lost after release
 - HIV testing is not often done
- ◆ Uncontrolled transmission is an enormous drain on resources

Case 2 – Mrs. No longer infectious?

- ◆ Russian female 31year old c/o cough, incarcerated for 2 years
- ◆ Negative AFB smears x 3
- ◆ CXR RUL nodular densities, negative before
- ◆ TST 27 mm, completed 6 months of INH 2 years ago
- ◆ HIV positive, no ART
- ◆ RIPE not started

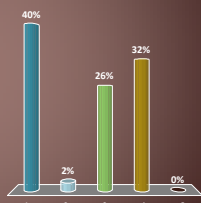
Collaboration between Correction/Public Health

- ◆ Key to TB prevention and control in correctional facilities
- ◆ Share TB expertise.....gently, but with authority
- ◆ Building the bridge
 - Define communication channels
 - Remember it is their house, not yours
 - Ask questions
 - Cells
 - Processing
 - Medical screening
 - Who knows what?



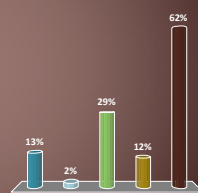
Who keeps track of an inmates movement while incarcerated?

1. Deputy officer
2. Inmate attorney
3. Records clerk
4. Classification staff
5. Probation officer



Who knows where to find a released inmate?

1. Correctional case manager
2. Medical administrator
3. Release staff
4. Surveillance officer
5. Probation officer






Joining forces for Education



- ♦ Corrections ↔ Public Health
- ♦ Routine TB education for all/ additional training for employees continually interacting with inmates
- ♦ Topics
 - Differences between jails, prisons, and other detention facilities
 - TST training
 - Correctional culture
 - Effective TB evaluation, how to appropriately screen
 - Health department role in case management, contact investigation, and release of inmates/detainees



Case 3 – Mr. Lifer

- ♦ US born male, 72 year old c/o chronic fatigue, new cough, fevers, weight loss
- ♦ Recent conversion of TST – 13mm
- ♦ CXR – normal
- ♦ HIV unknown
- ♦ Incarcerated for 27 years



Thanks!

Questions?

Comments?

Stories to tell?